

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007340

**Entity Name:** CORAL TRACE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**2741052852CC**

**Current Principal Place of Business:**

48 EAST FLAGLER STREET  
PH 101  
MIAMI, FL 33131

**Current Mailing Address:**

48 EAST FLAGLER STREET  
PH 101  
MIAMI, FL 33131

**FEI Number: 20-5188011**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LERMAN AND LERMAN PA  
48 E FLAGLER ST (PH101)  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD, TREASURER  
Name BURD, ROBERTA  
Address 2605 WEST ATLANTIC AVE SUITE C102  
City-State-Zip: DELRAY BEACH FL 33444

Title VP, DIRECTOR  
Name ACEVEDO, JEAN  
Address 2605 WEST ATLANTIC AVE SUITE D102  
City-State-Zip: DELRAY BEACH FL 33444

Title ASD  
Name LERMAN, JORGE  
Address 48 E FLAGLER ST (PH101)  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, DIRECTOR  
Name DELSING, BART  
Address 2605 WEST ATLANTIC AVE SUITE A202  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BART DELSING**

**P**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date